REQUEST FOR CONTRACT, EQUIPMENT ACQUISITION, AND TRAVEL BAN EXEMPTION

Request Date:	Request Number:	
Department Org Code:	Department Name:	
Agency Org Code (if applicable):	Agency Name (if applicable)	:
Does this request include attachments?	Yes No Please indicate the	total number of pages:
A. Type of Exemption: (choose one) Statutorily Required Declared Emergency Information Technology Conti	•	n for non General Funds
B. Reason for exemption(s).		
C. Consequence if exemption(s) not granted:		
D. Will exemption(s) result in future e	xemption(s)? YES ☐ NO ☐; if yes, pro	ovide explanation:
E. Appropriation:		
Item of Appropriation	An \$	nount of Appropriation
	<u>—</u>	
	\$	
	TOTAL: \$	0
Contact Person:(type or prin	Telephone Num	ber: _() - , ext.
F. Signature: If approved, I certify that the above reque met in any other manner than by obtaining	ested action has been evaluated and that ng this exemption.	the needs described above cannot be
Department	Agency	Department of Finance
☐ Approved ☐ Denied	☐ Approved ☐ Denied	☐ Approved ☐ Denied
Director/Date	Agency Secretary/Date	Deputy Director or Designee/Date